

SERFF Tracking Number:	ELAS-125664680	State:	Arkansas
Filing Company:	AXA Life and Annuity Company	State Tracking Number:	39111
Company Tracking Number:			
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	AXA Life and Annuity Name Change Endorsement		
Project Name/Number:	2008AXAEQLA Name Change/2008AXAEQLA		

Filing at a Glance

Company: AXA Life and Annuity Company

Product Name: AXA Life and Annuity Name Change Endorsement SERFF Tr Num: ELAS-125664680 State: ArkansasLH

TOI: L08 Life - Other

SERFF Status: Closed

State Tr Num: 39111

Sub-TOI: L08.000 Life - Other

Co Tr Num:

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Authors: Audrey Arnold, Samra

Disposition Date: 05/30/2008

Mekbeb, Roxanne Persaud,

Sabrena Lallmohamed

Date Submitted: 05/27/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: 2008AXAEQLA Name Change

Status of Filing in Domicile: Pending

Project Number: 2008AXAEQLA

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 05/30/2008

State Status Changed: 05/30/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Please See Cover Letter

Company and Contact

Filing Contact Information

SERFF Tracking Number: ELAS-125664680 State: Arkansas
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Estella A. Devian, Vice President estella.devian@axa-financial.com
1290 Avenue of the Americas, 14th Floor (212) 314-2921 [Phone]
New York, NY 10104 (212) 707-7493[FAX]

Filing Company Information

AXA Life and Annuity Company	CoCode: 62880	State of Domicile: Colorado
Administrative Office	Group Code: -99	Company Type: Life Insurance
1290 Avenue of the Americas, 14-10		
New York, NY 10104	Group Name:	State ID Number:
(212) 314-2921 ext. [Phone]	FEIN Number: 13-3198083	

<i>SERFF Tracking Number:</i>	<i>ELAS-125664680</i>	<i>State:</i>	<i>Arkansas</i>
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Filing Fees

Fee Required?	Yes
Fee Amount:	\$20.00
Retaliatory?	No
Fee Explanation:	\$20.00 per endorsement
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
AXA Life and Annuity Company	\$20.00	05/27/2008	20514307

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	05/30/2008	05/30/2008

Amendments

Item	Schedule	Created By	Created On	Date Submitted
Sample Page	Supporting Document	Sabrena Lallmohamed	05/28/2008	05/28/2008

<i>SERFF Tracking Number:</i>	<i>ELAS-125664680</i>	<i>State:</i>	<i>Arkansas</i>
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Disposition

Disposition Date: 05/30/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>ELAS-125664680</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>2008AXAEQLA Name Change/2008AXAEQLA</i>		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Cover Letter		Yes
Supporting Document	Sample Page		Yes
Form	Name Change Endorsement		Yes

SERFF Tracking Number: ELAS-125664680 *State:* Arkansas
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Amendment Letter

Amendment Date:

Submitted Date: 05/28/2008

Comments:

Example of specimen AXACO policy was not included.

Changed Items:

Supporting Document Schedule Item Changes:

User Added -Name: Sample Page

Comment: See attached.

Sample Page New - AXACO.pdf

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Form Schedule

Lead Form Number:

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	2008AXAEQLA	Policy/Cont Name Change ract/Fratern Endorsement al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		53	2008 Name Change Endorsement. pdf

AXA EQUITABLE LIFE AND ANNUITY COMPANY

NAME CHANGE ENDORSEMENT

Effective Date: [September 22, 2008]

This endorsement is made part of the policy, contract or certificate as of its Effective Date. It should be attached to and kept with the policy, contract or certificate.

Wherever the name of AXA Life and Annuity Company appears in the policy, contract or certificate, the name AXA Equitable Life and Annuity Company is hereby substituted.

In all other respects, the terms and provisions of the policy, contract or certificate remain unchanged and in full force and effect.

A handwritten signature in black ink, appearing to read "C. Condrón", with a long horizontal flourish extending to the right.

Christopher M. Condrón
Chairman, President and
Chief Executive Officer

A handwritten signature in black ink, appearing to read "Karen Field Hazin", written in a cursive style.

Karen Field Hazin
Vice President, Secretary
and Associate General Counsel

<i>SERFF Tracking Number:</i>	<i>ELAS-125664680</i>	<i>State:</i>	<i>Arkansas</i>
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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice 05/23/2008
Comments:
See attached Flesch Certification.
Attachment:
AR Readability Certification.pdf

Review Status:

Bypassed -Name: Application 05/23/2008
Bypass Reason: Not Applicable-Name Change Endorsement Filing.
Comments:

Review Status:

Satisfied -Name: Cover Letter 05/27/2008
Comments:
See attached Cover Letter.
Attachment:
AR Letter.pdf

Review Status:

Satisfied -Name: Sample Page 05/28/2008
Comments:
See attached.
Attachment:
Sample Page New - AXACO.pdf

AXA LIFE AND ANNUITY COMPANY


READABILITY CERTIFICATION

AXA Life and Annuity Company has reviewed the enclosed form and certifies that to the best of its knowledge and belief, the form meets the minimum Flesch scale readability requirements of your State.

FORM NUMBER
2008AXAEQLA

SCORE
53.1

Date: May 27, 2008


Estella A. Devian, Vice President

AR



Estella A. Devian, Vice President
Telephone (212) 314-2921
Facsimile (212) 707-7493
estella.devian@axa-equitable.com

VIA SERFF

May 27, 2008

Mr. Mike Pickens
Insurance Commissioner
Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

RE: AXA Life and Annuity Company (AXACO)
AXACO's NAIC #: 968-62880
AXACO's FEIN: 13-3198083
Form No: 2008AXAEQLA
SERFF Filing No: ELAS-125664680

Dear Commissioner Pickens:

We are writing to inform you of a proposed name change that will affect AXA Life and Annuity Company life insurance policies and related forms, including sales materials, issued in your state (collectively, "AXACO Policies"). It is anticipated that by September 2008, we plan to change the name of AXA Life and Annuity Company. ("AXACO") to AXA Equitable Life and Annuity Company. Because this name change will impact all jurisdictions in which AXACO issues AXACO policies and related forms (50 jurisdictions), we wanted to notify you in advance to seek your Department's approval of AXACO's approach to implementing this name change with respect to the AXACO Policies. Please note that under separate cover, we have sent a letter to the appropriate state insurance personnel requesting permission to use the AXA Equitable Life and Annuity Company name.

The only change we plan to make to the AXACO Policies is to change the company name. We have enclosed as an example a specimen AXACO life insurance policy front and back cover, modified to illustrate the change in company name.

For in-force AXACO Policies that will be affected by the name change, we are enclosing for your review and approval an endorsement that recognizes the name change. It is anticipated that this endorsement would be provided to all such in-force clients on or about the time of the effective date of the name change.

For new business issued after the effective date of the name change, the policies and related forms, including sales materials, that have previously been issued in accordance with your jurisdiction's laws and are then currently issued in your state, will be issued using the AXA Equitable Life and Annuity Company name. Alternatively, for a temporary period after the effective date of the name change, the same endorsement reflecting the name change that would be issued to in-force clients may be used for new business.

Except for the change in company name, no other changes will be made to the forms without first following the relevant procedures for issuing such changed forms in your jurisdiction.

We certify that this form has achieved a Flesch Readability Score of 53.1.

Our filing fee of \$20.00 is being sent via SERFF's EFT process.

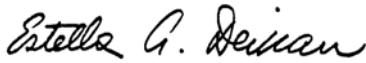
This is to certify that this submission meets the provisions of Rule and Regulation 19 regarding Unfair Sex Discrimination in the Sale of Insurance. We further certify that we will comply with all applicable requirements of the Department.

We assure the Department that our issue procedures are in full compliance with the requirements set forth in Ark. Code Ann. 23-79-138 and Regulation 40.

We request that the information contained in this letter and any attachments hereto be treated as confidential and be exempted from disclosure in accordance with the state's Freedom of Information law or other similar laws, and that we be notified prior to any proposed release of this information.

We look forward to receiving your approval of the approach specified above and the enclosed endorsement. If you have any questions, please call me collect at (212) 314-2921.

Sincerely,

A handwritten signature in cursive script that reads "Estella A. Devian".

Estella A. Devian
Vice President

INSURED PERSON	JOHN H DOE
POLICY OWNER	JOHN H DOE
FACE AMOUNT	\$250,000
POLICY NUMBER	SPECIMEN



***TERM LIFE
INSURANCE POLICY***

***AXA EQUITABLE LIFE AND ANNUITY COMPANY, A STOCK COMPANY
[370 17TH STREET, SUITE 4950, DENVER, COLORADO]***

Agrees

- **To pay** the insurance benefits of this policy to the Beneficiary upon receiving proof that the Insured Person died on or before the Final Term Expiry Date shown on Page 3; and
- **To provide** you (*the Policy Owner*) with the other rights and benefits of this policy.

These agreements are subject to the provisions of this policy.

Right to Examine Policy. You may examine this policy and if for any reason you are not satisfied with it, you may cancel it by returning this policy with a written request for cancellation to our Administrative Office or to the agent who sold it by the 10th day after you receive it. If you do this, we will refund the premium that was paid.

Read your policy carefully. It is a legal contract between you and AXA Equitable Life and Annuity Company.

A handwritten signature in black ink, appearing to read 'C. Condrón'.

Christopher M. Condrón
Chairman and Chief Executive Officer

A handwritten signature in black ink, appearing to read 'Karen Field Hazin'.

Karen Field Hazin, Vice President,
Secretary and Associate General Counsel

One Year Term Plan. This is a Single Annual Premium Term Policy. Insurance is payable upon death on or before the Term Expiry Date. The premium is payable to the Term Expiry Date. This is a one year, convertible, non-renewable term policy. This is a non-participating policy.